

Mark-to-Market Claim Payment Summary

Form 7.5

Date:

Scheduled Closing Date:

The PAE must submit this Form and attachments to the OAHP Headquarters Closing Specialist at least 15 days prior to closing. Within 5 days after closing (not including the weekend), the Closing Escrow Agent or PAE must fax to the OAHP Headquarters Post Closing Specialist (except REDA which is directed to OAHP NY), the following:

- Executed new first lien note, if applicable
- Executed mortgage restructuring note and mortgage,
- Executed contingent repayment note and mortgage,
- Final sources and uses (Exhibit F),
- Property tax bill (or property tax page from title policy), if no takeout financing
- IRS Form W-9 prepared and signed by owner
- OAHP Form 7.16 Mortgagor Information Certification
- Interim/Final Settlement Statement (signed by escrow agent)
- Interim/Final Form 7.21 (signed by escrow agent and PAE)
- Closing Escrow Instructions
- Copy of signed Rehab Escrow Deposit Agreement (should be sent directly to REAT Specialist, OAHP New York via fax: 212-264-5080)
- If 236 Re-Use, attach copy of full IRP package

The following information contained in this Form must be consistent throughout this Package including the Restructuring Commitment.

I. Property Information:

Existing FHA Number:

Older or New Assisted: O N (circle one)

Existing Section of the Act:

Property Name:

Property Address:

HUB Office (address)

Owner's Name:

Tax I.D. # (must match F47)

Address:

Phone:

Fax:

Project's Management Co.:

Billing Address:

Contact Person:

Phone:

Fax:

Existing Mortgagee Name:

Mortgagee I.D. #:

Tax I.D.# (must match F47)

Contact Person:

Phone:

Fax:

Existing Mortgagee's Servicer Name:

Servicer I.D. #

Contact Person:

Phone:

Fax:

New Mortgagee Name:

Mortgagee I.D.#

Contact Person:

Phone:

Fax:

Title Company:

Contact Person:

Phone:

Fax:

Closing Escrow Agent:

Contact Person:

Phone:

Fax:

Post Closing Rehabilitation
Escrow Contractor (Cash Manager):

Contact Person:

Phone:

Post Closing Rehabilitation
Escrow Contractor (Administrator):

Contact Person:

Phone:

IF A TPA, PROVIDE:

New Owner's Name:

Tax ID #

Address:

Phone:

Fax:

New Owner's Project Management Co.:

Billing Address:

Contact Person:

Phone:

Fax:

II. Certified Mortgage Balance \$ _____ **as of :** _____

(Amount must match Mortgagee's Certificate of Mortgage Balance)

Projected Mortgage Balance after last payment prior to closing: \$ _____

Is current month's payment being brought to the Closing Table? Yes No If Yes, amount: \$ _____

(If yes, amount must be shown on Other Sources and Other Uses on Exhibit F)

III. Partial Payment of Claim:

Total 541(b) Payment of Claim: \$ _____

Information must match Exhibit F Sources and Uses

Party to Receive Claim Payment Party must match information in this PPC Package	Amount to be disbursed: (Must match Claim Payment)
Closing Escrow Agent:	\$
**Provide Exact Bank Account Name:	

IV. HUD Held Loans (post-restructuring):

HUD Ranking (1 st , 2 nd , 3 rd) show below	Type	Amount
	Mortgage Restructuring Note	\$
	Contingent Repayment Note	\$
	Total Amount	\$
(If total does not equal claim amount, provide brief explanation below)		

V. Restructured Loan Information (must check one):

- | | |
|---|---|
| <input type="checkbox"/> Modified Existing Note:
UPB is now \$ _____ | <input type="checkbox"/> Refinanced with New FHA Loan \$ _____
New FHA# _____ Section of Act _____ |
| <input type="checkbox"/> Paid-in-Full
(No takeout financing) | <input type="checkbox"/> Refinanced with Non-FHA Loan \$ _____ |

VI. Pre-Closing Escrow AccountsReserve for Replacement Account
\$ _____ Taxes: \$ _____

Hazard Insurance \$ _____ MIP: \$ _____

Residual Receipts \$ _____ Other \$ _____

VII. Post-Closing Escrow AccountsInitial Deposit to Reserve for Replacement
Account (IDRR) \$ _____ Taxes: \$ _____

Hazard Insurance \$ _____ (only applicable if there is takeout financing)

Monthly Deposit to Reserve for Replacement Account \$ _____
(include total amount due regardless of source of payment)**VIII. Verification of Mortgagee of Record & Unpaid Principal Balance (in F 47):**

Unpaid Principal Balance: as of:	Mortgagee of Record: Mortgagee #: Tax ID#:	Servicer of Record
---	--	--------------------

Attached is an approved Form 4.11 documenting that data in F47 was correct or a Form 4.12, which documents that discrepancies were previously reconciled during due diligence. I have reviewed all of the current F47 information entered above and certify that it is still correct and is consistent with all data on this Form 7.5. *If there are any new discrepancies, do not submit this form until reconciled, then attach the approved 4.12.*

Signature: _____ Date: _____
Debt Restructuring Specialist**IX. Authority to Release Claim to Other than Existing Mortgagee (if applicable):**

I have received the appropriate authority documentation and I hereby authorize the payment of claim to other than the Mortgagee of Record pursuant to the attached existing mortgagee's authorization and this Mark-to-Market Claim Payment Summary.

Preservation Office Director's Signature: _____

OAHP Preservation Office Location: _____

X. OAHP Contact Information:

Debt Restructuring Specialist:_____ Phone_____

Preservation Office Closing Coordinator:

_____ Phone:_____

PAE:_____ Contact:_____ Phone:_____

OAHP Preservation Office Directors:		
Chicago	Harry West	(312) 886-4133
Central Office	Donna Rosen	(202) 260-2746

(When applicable, insert Acting Preservation Office Director's name)

XI. Management Certification:

A Management Certification IS IS NOT (circle one) required in this transaction. Attach copy, if applicable.

XII. Certification:

I hereby certify that the above information is consistent with the Restructuring Commitment and the mortgagee's information and the amounts listed should be remitted in accordance with the payment data.

Signature:_____

Name:_____

Title: OAHP Preservation Office Director